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CONFIRMATION NO. 9342

<b>SERIAL NUMBER</b> 10/004,090	<b>FILING OR 371(c) DATE</b> 10/23/2001 <b>RULE</b>	<b>CLASS</b> 711	<b>GROUP ART UNIT</b> 2189	<b>ATTORNEY DOCKET NO.</b> EMR-00301
<b>APPLICANTS</b> Michael Kowalchik, Arlington, MA; John Cardente, Milford, MA;				
<b>** CONTINUING DATA ***** NONE</b>				
<b>** FOREIGN APPLICATIONS ***** NONE</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/04/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Blm</u> Acknowledged <u>Blm</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 47653				
<b>TITLE</b> Data storage device WITH TWO-TIER RAID CONTROL CIRCUITRY				
<b>FILING FEE RECEIVED</b> 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	